

**GREEN LAKE COUNTY
2013 FAMILY SUPPORT PROGRAM PLAN**

1. Administration of the Program:

Green Lake County's Family Support Program (FSP) is administered through Green Lake County Department of Health and Human Services and is coordinated by Renee Peters. Her position is within Health Unit and she is supervised by Health Unit Manager, Kathy Munsey. Leroy Dissing is the Director of Health and Human Services.

Referrals to the program are received by the Family Support Coordinator. The process begins with a family completing an application for Family Support Funding which includes identifying information, the child's disability(ies), and the impact of the disability on the family and the services they may be seeking. Upon receipt of the application, an intake meeting is arranged for the purpose of determining eligibility for the program. The Coordinator meets with the parent and child to complete an interview and assessment. This information is used to determine eligibility through the use of the web-based Wisconsin Children's Long-Term Support Functional Screen. At intake, each family is also advised of any other programs they may qualify for and are assisted in accessing them as necessary. If a child is found to be eligible for the Family Support Program, the family's current needs for supporting their child with disabilities are assessed and a service plan is completed. Presently, there is not a waiting list for the Family Support Program.

In cases where children are not found eligible through the functional screen, referrals are made to other programs which may assist the family.

At the beginning of 2013, all families who received Family Support funding in 2012 were sent a letter with a 2013 application. The coordinator will meet with these families as applications are received to determine continued needs. The functional screen is required to be completed one year from the previous screen date if a Family Support Plan is in place to determine continued eligibility for services. If a child is receiving waiver services, the CLTS Coordinator may request additional funding through Family Support if needed to support the needs as determined in the waiver ISP.

The Family Support Guidelines and Procedures provided by the Wisconsin Department of Health Services (Draft March 2009) and Administrative Rule (DHS 65) *Supportive Services for Families with Disabled Children*, guide the administration of the FSP.

2. Specific Groups to Receive Priority for Available Funding:

Each year there will be an emergency fund allocation of \$1,000. An emergency is defined as meeting one of the urgent need criteria, including:

1. Families in crisis situations
2. Families considering out-of-home placement
3. Families planning to bring a child home from an out-of-home placement
4. Families who have in-home health and safety concerns
5. Children who have one-time urgent developmental needs that must be met in a time frame that will exceed the expected FSP wait list duration and cannot be met by another funding source.

Other emergency situations may be brought before the Family Support Coordinator for individual decision-making. As the year progresses and there are no identified emergency needs, the set aside funds will be released in September to fulfill other service plan needs.

3. Description of Outreach Procedures:

Information is available regarding the FSP on the Green Lake County Web-site, in the Green Lake County Resource Directory and through the Aging and Disability Resource Center. Brochures are made available to share with families who may be interested in the FSP. Our coordinator can easily make referrals to families involved in the Birth to 3 Program who may be in need of Family Support funding as she is also the Birth to 3 Coordinator. Referrals are also received from other units within Health and Human Services. The Family Support Coordinator works closely with area school districts through her role as Birth to 3 Coordinator and provides outreach regarding Family Support and other county programs as appropriate.

4. Procedures for Determining Family Needs and Crisis Needs:

The FSP application requests a statement from the family addressing the impact of the child's disability on the family and prioritizing the areas of greatest need. Throughout the assessment and interview process needs are addressed and used in the development of the service plan with the family.

If a situation is determined to be a crisis/urgent situation (see 2.), emergency funding could be used, and other appropriate referrals are made in order to support the needs of the child and family.

5. Developing and Monitoring Service Plans:

It is the responsibility of the Family Support Program Coordinator to work with other programs and funding sources to make maximum use of all available and appropriate resources to serve the needs of the family. For instance, a

child/family may be eligible for services through other county programs such as Children and Families, CLTS Waivers, and Birth to 3. Although eligible for the Family Support Program, the current needs may be provided through one or more of these other programs. In addition to other programs, other funds/benefits may be available to meet a family's needs, such as Supplemental Security Income (SSI), Wisconsin Medicaid, Katie Beckett, food share, the Women, Infant and Children (WIC) nutrition program, energy assistance and day care or rent subsidies. The Family Support Coordinator is familiar with and will make referrals as appropriate to other sources of funding when available.

If the needs addressed in the interview and assessment are appropriate for Family Support funding the service plan is implemented and reviewed with the family in 6 months. Between the dates of plan reviews, the agency may revise the service plan based on a family's request.

6. Enhancing Informal Support and Advocacy for Families:

Families are encouraged to network with other parents and others involved in their child's life. Often times, these natural supports can provide services to the family on their own or through Family Support funding (for example, respite). The Family Support Coordinator is available for advocacy and support as requested by families (ie: attending IEP meetings at the school).

7. Methods of Monitoring the Program:

The Green Lake County Family Resource Council is a committee under the Human Services Board with official county board appointment for its members. Included are community representatives as well as parents, clients and county staff. Voting members make decisions/recommendations and provide support on various programming when necessary. The Council meets quarterly and is the advisory committee to the Family Support Program, Birth to 3, the Comprehensive Community Service Program, Maternal Child Health Program, Safe and Stable Families and other programs related to families as needed.

The Family Resource Council Membership List is attached.

Attachments:

- Family Resource Council Membership List

2012 Family Support Program Data for input on the State Data Information Form

14 Children received Family Support Funding in 2012 (up from 11 children in 2011)

4 of the 14 children served through Family Support funding, also received waiver funded services through the Children's Long-term Support Coordinated by Gretchen Malkowsky.

There was no waiting list needed in 2012.

Estimated number of children to be served in 2013 is 15.

\$20,632= 2012 State Family Support Allocation

\$1,085= carryover from 2011

\$21, 717= total allocation for 2012

\$18, 324.96 = Plan Totals written in 2012 (14 Plans)

\$16,442= Actual amount spent on Plans

\$2,063= Administration Allowed to be claimed

\$18,505= Actual Claim to State

\$3,212= Remaining balance

\$1,085= previous allowable carry-over

\$21,717= 2013 Allocation (\$20,632.00 plus expected carryover of \$1,085.00)

2012 Family Support Funding Uses

\$5,149= Respite Care

\$1,598= Parent Courses

\$906= Home modifications

\$3,886= Equipment and Supplies

\$405= Therapeutic resources

\$2,868= Medical Care Not otherwise Covered

\$1,630= Recreation/Alternative Activities

\$16,442= Actual amount spent on Plans + \$2,063 Administration allowed= \$18,505

2/4/13

In 2013, The maternal child health program in the health department will continue its goal of assuring that Green Lake County is a place where families can be happy and healthy. Through the promotion of partnerships and collaboration among private and public programs, we can assure that a coordinated system of care exists for our families in which there is "no wrong door entry" into services. No matter what the point of entry with our programs, families will have access and referral to all other additional and appropriate programs.

We are asking for suggestions and looking for input from the FRC group on how to foster this "no wrong door policy" attitude. We have shared our brochures which we plan to distribute widely this year to educate families and other professionals on the existing programs in our county.

Healthy Babies Coalition (Waushara, Green Lake, Marquette County's) Spring Workshop date has been set for April 19th. This year's topic is on Building Resiliency. A speaker will talk about the ACE's study (Adverse Childhood Experience's) and then others will speak on how we can help. We will hear a foster parent's perspective along with a Counselor from Rawhide Boys Ranch. The ACE's study is in alignment with the Life Course Model that we have been teaching about. Watch for registration information in the near future.

Health Department is taking Dental Program referrals for kids with Badger Care or who are uninsured to get cleanings here in our department. The Affordable Healthcare Act has limited our vaccination services moving forward also to ONLY kids on Badger Care or uninsured. This is a big change that our clients are adjusting to. We see it as an opportunity for us to strengthen our relationships with the providers and assure assess to comprehensive preventative care of which immunizations are a part of.

920-787-5514 Family Health La Clinica

2/4/13

**2012 BIRTH TO 3 REFERRAL INFORMATION
GREEN LAKE COUNTY**

39 children were referred to the Birth to 3 Program

25 boys 14 girls

SOURCE OF REFERRAL

18 children were referred by their pediatrician or other physician.

7 children were referred by a county social worker.

11 children were referred by his/her parent or another family member.

3 children were referred by their local school district.

AGE AT TIME OF REFERRAL

16 children were between the ages of 2 years and 3 years

14 children were between the ages of 1 year and 2 years

9 children were between the ages of birth to 1 year

ADDRESS OF RESIDENCE

15 from Berlin	4 from Green Lake	1 from Kingston
5 from Markesan	3 from Dalton	1 from Ripon
8 from Princeton	1 from Manchester	1 from Randolph

39 referrals made in 2012:

- 10 were evaluated and Individualized Family Service Plans were written.
- 13 children were found to be developing within age appropriate levels.
- 6 children were developing within age appropriate levels; however, continue to be monitored.
- 5 children are in the process of screening or evaluation.
- 3 families were not interested in services/ have not followed through with a screening/evaluation
- 1 child was referred to school based services given age at time of referral
- 1 child qualified, but due to age, was referred to school services per parental choice

Services received for the 10 children for whom initial plans were written in 2012:

- 5 children received speech and language therapy (SLP) and service coordination (SC).
- 2 children received SLP, Occupational Therapy (OT) and SC.
- 1 child received SLP, OT, Special Instruction (SI), and SC.
- 1 child received SLP, SI, and SC.
- 1 child received OT and SC.

A total of **21 children** with a significant developmental delay were involved with Birth to 3 through an Individualized Service Plan in 2012. In addition to a significant developmental delay 6 of the children had a specific diagnosis. These diagnoses include: Mobius Syndrome, Noonan Syndrome, club foot, mild cerebral palsy, hydrocephalus and Epilepsy with ADHD.

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2012 Providers:

Green Lake County, Renee Peters, Program and Service Coordinator/Educator

Rehab Resources, Beaver Dam: Jennifer Hoffman, Occupational Therapist

CHN Rehabilitation, Berlin: Kristen Mertens, Speech and Language Pathologist

Rehab Arisces, Fond du Lac: Jody Streeter, Physical Therapist

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2012 Child Find Efforts:

Child Find is an important component of Birth to 3, as we want to assure that all children that may be eligible for services are referred in a timely fashion. In **2012** our outreach consisted of:

Physician Mailing – Each year a Physician Mailing letter is sent to all area physicians including pediatricians in Oshkosh and Fond du Lac as well as physicians who currently have children on our caseload. Included in this letter are brochures (updated this year) and our yearly referral summary.

Spring Child Development Days – We participated in our area school districts Child Development Day, by providing an informational display with brochures and providing assistance as requested.

Brochures – Brochures are available at our county WIC clinics as well as in the lobby of Health and Human Services and in the Public Health Unit. Brochures are also included in the New Parent Packet shared by our Public Health Nurses.

Interagency Agreements – Agreements are in place with each county school district and UMO's (United Migrant Opportunity Services, Inc.) and Advocap-Head Start.

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Collaborative Efforts:

Head Start Health Advisory Committee
Green Lake County Family Resource Council
Healthy Baby Coalition of Green Lake Marquette and Waushara Counties

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Other Notes:

On December 14, 2012, the Birth to 3 Program was issued their yearly letter from the state notifying that the review and analysis of Green Lake County's data for FFY 2011 with regard to Federal Compliance Indicators (related to the timeliness of evaluation and assessment, initial IFSP and Service implementation and timely transition) , the Program was 100% compliant in meeting these Indicators..

The Program also received positive ratings from parents through the yearly family survey.